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PATENT TRADEMARK OFFICE

3754

2700 First Indiana Plaza
135 North Pennsylvania-Str et
Indianap Iis, Indiana 46204

PATENT APPLICATION

Applicant: Eckstein et al.

Serial No.: 10/085,966

Filing Date: February 28, 2002

Title: HYDRAULIC CONTROL APPARATUS
FOR A HOSPITAL BED

Group: 3754

Examiner: Keasel, E.

Attorney Docket No.: 8266-0823

Certificate Under 37 C.F.R. 1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

On August 25, 2003

Dated: August 25, 2003

COMMISSIONER FOR PATENTS
P. O. BOX 1450
ALEXANDRIA, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS (37 C.F.R. 1.16(c))	17	22	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	5	4	1	\$84	\$84
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$84
TOTAL FEE FOR ADDITIONAL CLAIMS					\$84

An Extension of Time for _____ month(s) is hereby requested
under 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

\$84

A check in the amount of \$ 84 to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record
 Printed Name: Ryan C. Barker
 Registration No.: 47,405